JUN 07 2019

UNITED STATES DISTRICT COURT

U.S. DISTRICT COURT W. DIST. OF N.C.

Office)

for the

Western District of North Carolina

Asheville Division

DOMON M. MOBLEY ?	Case No.	1:19 CV 183 (to be filled in by the Clerk's
Plaintiff(s)		
(Write the full name of each plaintiff who is filing this complaint.		
If the names of all the plaintiffs cannot fit in the space above,		
please write "see attached" in the space and attach an additional		
page with the full list of names.)		
-V-		
HENCERSON CO. ShEMFTS (1877) HONDERSON CO. DETENTION FAILLY		
YONGERDON CO. DETENTION FAILITY		•
officer Tenfosty		
OFFICE Defendant(s)		
(Write the full name of each defendant who is being sued. If the		
names of all the defendants cannot fit in the space above, please		
write "see attached" in the space and attach an additional page		
with the full list of names. Do not include addresses here.)		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

В.

The Plaintiff(s)	
Provide the information below for eneeded.	each plaintiff named in the complaint. Attach additional pages if
Name	TRAMON M. MOBLEY
All other names by which	4
you have been known:	MOBLEY"
ID Number	0305241
Current Institution Address	YENDERSON CO. DETENTION TACKETY
Address	315 ST AVE EAST
	HONGE SONVILLE NC F8739 City State Zip Code
701 70 0 1 1/4	
The Defendant(s)	
individual, a government agency, a listed below are identical to those c the person's job or title (if known) and	each defendant named in the complaint, whether the defendant is an organization, or a corporation. Make sure that the defendant(s) ontained in the above caption. For an individual defendant, include d check whether you are bringing this complaint against them in their city, or both. Attach additional pages if needed.
Defendant No. 1	
Name	HENDERSON CO. SHEPLETS DEPT
Job or Title (if known)	POUCE SHOUTP DEPUTY
Shield Number	The was a long with the last the same
Employer Address	HENDERSON CONNY LAW ENFORCEMENT
Address	Hendersonslut NC 23739 City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	HEARTHOUND CO. DETENTION FACILITY
Job or Title (if known)	HENDERSON CO: 1/PRENTION FRAUTY
Shield Number	
Employer	LIENDERSON CO. DETENTION FACILITY
Address	
	HENDRYULF NO 23739 City State Zip Code

Individual capacity Official capacity

П.

	Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	COUPLY SPUFF OFFICTIVE TENKERSLY OFFICER SHERVEFF COURT POOM BOLIFF HONCHUSON CO BATUFFS POPT. 200 N. Grove STREET HONCHUSONVILLE NC 20139 City State Zip Code
	Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address	Individual capacity OFFICEN SMOUPP (ACCUTA COTTICEN HANGE SON CO-Shoulds Dector FOR N. ELLOWS State Zip Code Individual capacity Official capacity
Under immu Feder	nities secured by the Constitution and	e or local officials for the "deprivation of any rights, privileges, or I [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 8 (1971)</i> , you may sue federal officials for the violation of certain
A.	Are you bringing suit against (check Federal officials (a Bivens class State or local officials (a § 19	im)
В.	the Constitution and [federal laws] federal constitutional or statutory is	ig the "deprivation of any rights, privileges, or immunities secured by ." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials? POUCE ONTRUTY ASSENCE INFUCTIVE SERVING
C.	Plaintiffs suing under Bivens may	only recover for the violation of certain constitutional rights. If you ritutional right(s) do you claim is/are being violated by federal

		NA
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
	··. (PETICEN TENKINSLY ABUSED 415 ANTHORUM AS A BAL
K	and	OFFICER TENKINSLY ABUSED AUS Authority & A CALI VIOLENTLY ATTOCKED, LIT, STRUCK WE DEFORE BORY LING NE ON MY NECK While IN HANDCUPES, (SEE ATTACHED)
91	AMM	ING ME ON MY NECK While IN HANDCUPTS,
ш.	Prison	er Status (SET ATTACHED)
L.R.R.o	X X ISOM	of Status
	Indicat	te whether you are a prisoner or other confined person as follows (check all that apply):
	Control of the Contro	Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner

IV. Statement of Claim

Other (explain)

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

end in the bollway leaving out of the court coon dot on dote

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

HAVE LEADING TO the COURT HOLDING CEUS

V.

VI.

C. What date and approximate time did the events giving rise to your claim(s) occur? Around 3:30 pm D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) by AFFICTIL IONLOIS Injuries If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. COCTURA Relief State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. and the court to Make sure justice is those involved and O'COMONT OFFIC seven hundled thousand doubts) NEOSCHLEDCON-001830MFN/DOCUMENT IN FILEC PONOC/19 APAGE/5 OF "ACTIVE Never Do

(SEE ATTACHED) (PAYE1 PENOL M. MOSEL D HENDENSON CO. SHEHTS DEAT 2) HENDESS J CO. PETENTION FAILTY 3) OFFICEIL TENCOSLY DEFONDANT RESPONDANT (question D.) "(CONT) HAREN NE MAD THE WALL COUSING THE HANDCUFFS TO LEEVE DENTS IN the WALL, TO the FRONT, I told him that I conduct

HANDCUFFS TO LEQUE DENTS IN the WALL,

grature Me Anound the Wast IN A WRESTLIN

Type Move and semint Me on My NECK USIDE down

CAUSING COMPAGE TO MY SPINE. Then Ordined

ME to "fur my hands behind my cack" which

WAS IN NOT POSSIBLE BELAUSE I WAS handcuffed

TO the FRONT, I told him that I Coudn't

because I was handcuffed to the FRONT...

And that when he grobbed my LEFT RING

Fingen, and finky Finger and bont them

BACK UNTIL they both snapped. I Screamed

Out in Pain and thats when he "Count To"

From whetever trance he was in At the Moment,

Then he helped me to my feet and asked

ME "What happened" Field OGIOTIO RAGE 6 0231 CAMERA!

(PAGE 3)

(CONT.)

gutstun D. (CONT.) I told him what happened, he explained to ME that he "MUST'UE BLACKED OUT" And Noticed the immediate subuling IN My LETT HAND, SHOWED IT TO HIM, HE Apologized to ME outr And outr And could me NURSES STATION BACK At the JAIL AND ASKED THEN TO CHECK OUT MY NECK And MY HAND. THE MURSE SEEN how swidEN MY hand had become in that short period of time and asked my permission to do X-raus. I Asked took xrays on my Neck And goine, but was only given one on My Hond, which showed that both of my Fingers while in FACT Broken. The poetor ordered A splint to strongerten my fingers back out And, hear the Broken bones, But, the plant was Neutre given to me, instead I WAS QIVEN POP-SICKLE STICKS WRAPPED IN TAPE BY A MOLOSHIFT SPLINT. Needless to NOT HEALED AND MY GOCK IS CONSTANTLY IN PAIN MALING IT HOPED TO SLEEP, SIT, Stond, bend outly of heavy objects, etc. case 1:19-cv-00183-MR Document 1 Filed 06/07/19 Page For 23 (CONT, ON COCK)

(SET ATTOCHED)

M. NEUEF "(CONT.) I usted to be A very Active and Enoughtic 40 something year and grandad. Previous "A very healthy specimen" For my age. NOW IN CONSTANTEY IN PAIN AND SEARCHING used to theme I was loads of the NOW IM just A DOTING GLOUCH, complaining ABOUT MY DACK day and Night. My & youngest doughters Dre 16, and And 14, involed in chealending And dence, and I just uish I could pick them up, donce and play with they the way I used to. they miss the air ME, I didn't doserve this at OU, and I gray that it never hoppens to Anyone Mont than I Am, and that kind OF PAIN NEUER- NEOLS! yars Truly, Sixtutey, truthery & Respectfully, Camo Westy

QUALITY MOBILE X-RAY

470 Hanes Mill Rd, Suite 107, Winston-Salem, North Carolina 27105 Radiology Report Phones: 336.724.9600

Fax: 1.800.840.4241

Patient Name	Date of Birth		Facility
MOBLEY DAMON	9/29/1977		HENDERSON CO JAIL
Referring Physician		Faxed To	
DODD COLBY		8286974957	
View Requested			
73140 Finger 2v	***************************************	<u> </u>	
Indication		Date	
6 IMAGES.PAIN		7/31/2018	
Exam Date		Report Date	
7/31/2018		7/31/2018	

Accession: 523331

Examination: LEFT HAND, LEFT FINGERS, RIGHT FINGERS

Clinical Indication: Pain.

LEFT HAND

Comparison: None.

Technique: Three views of the left hand were submitted for interpretation.

Findings: There is a nondisplaced fracture of the distal end of the fifth metacarpal with volar angulation. No other fracture or dislocation is identified. No significant arthritic changes present.

Impression: There is a nondisplaced fracture of the distal end of the fifth metacarpal with volar angulation.

LEFT FINGERS

Comparison: None.

Technique: Three views of the left fingers were submitted for interpretation.

Findings: There is a nondisplaced fracture of the distal end of the fifth metacarpal with volar angulation. No other (Continued in next page)

Attention! The Protected Health Information contained in this FAX is highly confidential. It is intended for exclusive use by the facility named above, and its designees. Unauthorized use is a violation of Federal Law (HIPAA), and will be reported as such. If you have received this fax in error, please destroy.

Anound Non on 6/4/19 I was told By NULSE "Libby" that she could only give me the phone Number to the FACILITY that has the KIAY IMAGENETIES TO ME THE NUMBER ALSO.

QUALITY MOBILE X-RAY

470 Hanes Mill Rd, Suite 107, Winston-Salem, North Carolina 27105

Radiology Report

Phones: 336,724,9600 Fax: 1.800.840.4241

Patient Name Date of Birth MOBLEY DAMON Facility 9/29/1977 HENDERSON CO JAIL

fracture or dislocation is identified. No significant arthritic changes present.

There is a nondisplaced fracture of the distal end of the fifth metacarpal with volar angulation.

RIGHT FINGERS

Comparison: None.

Technique: Three views of the right fingers were submitted for interpretation.

Findings: No fracture is identified. There is no dislocation. No significant arthritic change is identified.

Impression: There is no evidence of fracture.

Electronically Signed by:

Naiyer Imam, M.D. **ELECTRONICALLY SIGNED** 7/31/2018 15:34

Tech: TINA

Transcribed By: Sumedb

Final: || 18286974957 : 7/31/2018 4:34:22 PM

- Please NOTE that I specifically Asked For AN fley ON My bock. because my bock was hunting the most. BUT DECAUSE THE SWELLING WAS SO OBVIOUS IN MY hand, they only gove me one, For my hand,

Attention! The Protected Health Information contained in this FAX is highly confidential. It is intended for exclusive use by the Facility named above, and its designees. Unauthorized use is a violation of Federal Law (HIPAA), and will be reported as such. If you have received this fax in error, please destroy.

34 OFFICER "Hemphill" that "by LOW" Hey CANT GWO FRW TO MO Case 1:19-cv-00183-MR Document 1 Filed 06/07/19 Page 10 of 23

Medical Request



For 0305241: DAMON MOBLEY HD216 on 8/11/2018 10:59:59 PM Dates and Times are presented in Eastern Time (US & Canada)

Issue ID: 11937089

Last Status:

Closed by 0305241: DAMON MOBLEY on 8/14/2018 10:34:15 PM

Last Assigned to:

None on 8/12/2018 7:46:35 AM

Accept The Terms

i need my stint re-wrapped... thanx

Submitted by 0305241: DAMON MOBLEY HD216 on 8/11/2018 10:59:59 PM

Noted. A nurse will see you.

Responded & Closed by Transform Health on 8/12/2018 7:46:35 AM

ALSO - IM upset at the fact they Either deleted/ErAsted or somehow got and of All the states 1 SENT ASKING FOR the KRAYS ON My back, Otcome my bock was IN the MOST PAIN. and WE stated this verboury and thru the KIOSK OUT And OUT, BUT, SOMEHOW, AND COLVERDONTALLY MOSE Grituanas, & CONT BE FOUND. HMMMMM. Wonder Why?? Printed 6/4/2019

1:19-cv-00183-MP Dacument 1, Filed 99/07/19 Page 11 of 23 11 be COON to count in the AFITS.



Medical Request



For 0305241: DAMON MOBLEY HD216 on 8/17/2018 4:13:54 PM Dates and Times are presented in Eastern Time (US & Canada)

Issue ID: 12007706

Last Status:

Closed by 0305241: DAMON MOBLEY on 9/4/2018 11:04:36 PM

Last Assigned to:

None on 8/21/2018 10:40:34 AM

Accept The Terms

when can i get a final and professional diagnosis on my hand??? bc the DOCTOR says it broken, the nurses say it fractured.. who do i believe???? all i know is that it still feels the same way it did the 1st day the officer attacked and assaulted me. the only difference is the swelling has went down a little bit... i still cant move it, use it, and it hurts like hell anytime i put my hand down to my side, touch it, or bump it into something on accident. the DOCTOR ordered me a REAL splint to straiten my finger out.. but the nurses refuse to give it to me, instead they insist on using a popsickle stick, that comes aloose, or dissatached in a matter of hours everytime. maybe if they use what the DOCTOR ordered, a real plastic splint, just maybe my hand will heal correctly. just a thought.

Submitted by 0305241: DAMON MOBLEY HD216 on 8/17/2018 4:13:54 PM

Your xray report states that you have a nondisplaced fracture of the left 5th metacarpal. I will forward your request for different treatment/splint to the provider for review.

Responded by Transform Health on 8/17/2018 7:16:03 PM

i really need my hand fix	red and rewrapped a	ısap it still hu	rts like hell also.	thanx for nothing
Replied by 0305241: DAM	ON MOBLEY HD216 on 8	/21/2018 10:01:08 A	IM of year	troght I vovi
re-reading the	it and, so	yulu Ata	A My la	Valuant, but
USING FRAN	FORMAN	ALA	NE DAIN	rguage, but
Officer Comments:	NEW LE CHECK	buba	or ton	1 CONTEST
	NANIERICA		1110000	

just a thought, the doctor just ordered them buddy taped-doesn't need splint, was done just for comfort-a fracture and a broken bone are the same thing, and he doesn't really need it taped much longer- nothing to fix- just a crack that will heal... he was told all this last week.

Transform Health on 8/20/2018 7:42:37 AM

NOT Re-WIAPPED. Page 1 of 1

Printed 6/4/2019



Mental Health



For 0305241: DAMON MOBLEY HD216 on 8/15/2018 8:28:30 AM Dates and Times are presented in Eastern Time (US & Canada)

Issue ID: 11973535

Last Status:

Closed by 0305241: DAMON MOBLEY on 8/17/2018 4:01:26 PM

Last Assigned to:

None on 8/15/2018 10:32:14 AM

Accept The Terms

MENTAL HEALTH.... MENTAL HEALTH.... MENTAL HEALTH... MENTAL HEALTH I need to speak with sumbody in mental health... or yall gonna treat me like the regular nurses, by promises to come see me, and help me, but somehow create a lame excuse and never do??? just wondering

Submitted by 0305241: DAMON MOBLEY HD216 on 8/15/2018 8:28:30 AM

Responded & Closed by Transform Health on 8/15/2018 10:32:14 AM

Officer Comments:

- NOTE - NO ROSPONSE

IM seen by MG 8/15

Transform Health on 8/15/2018 10:32:25 AM

** correction - MH

Transform Health on 8/15/2018 10:43:38 AM

DECORSE they Show a dock in the Same office, it was a desperate attempt to

Printed 6/4/2019 FINALLY DEA through to the Medical STAFF

SINCE MY letters to then were going Nowhere.

I WA Gase 1:10-60/00183-MRY padgument 1 Great 06/07/100 PRage 13-01723NTON by

AND MEDICAN WERDES OF S.



Medical Request



For 0305241: DAMON MOBLEY HD216 on 8/15/2018 8:23:55 AM Dates and Times are presented in Eastern Time (US & Canada)

Issue ID: 11973500

Last Status:

Closed by 0305241: DAMON MOBLEY on 8/17/2018 4:02:01 PM

Last Assigned to:

None on 8/15/2018 9:42:15 AM

Accept The Terms

after being lied to for 2 days, by 2 diffrent nurses.. i went ahead and nigger-rigged my finger myself. i used a plastic spoon and made my own splint because i couldnt bare the pain anymore. thanks for breaking 2 of my fingers and doing absolutely NOTHING to try and fix them!!! and now i cant get anymore meds for the pain either??? no surprise... maybe if i was a white boy i would recieve proper medical attention. hell, if i was a white boy i wouldve never been assaulted by officers in the first place. #KNOWNFACTS.... yall have a great day.

Submitted by 0305241: DAMON MOBLEY HD216 on 8/15/2018 8:23:55 AM

Medical has asked to have you brought down, however we have to work with the officers schedule-they will assure you are brought to medical when they are able You have received the medication for pain as ordered by the provider when he saw you. HE ordered it for a certain number of days, as he does for everyone. Also- you do not have two broken fingers- we took xrays remember, there is only one small fracture.

There is no need to start name calling or accusations as it is untrue and unnecessary
You are on the list to be seen when it can be facilitated. — And lo days Vater Responded & Closed by Transform Health on 8/15/2018 9:42:15 AM NEVER TWO IN NOVI & DE STRUCTURES IS THE RESPONDENCE.
For this megs PlEast Excuse My language once agraw.
But I was Fed-up and still IN OLD OF POIN.
and my hand was still swollen and throbbing with pain. I was desponate to fix My hand so
with PAIN. I was dosporate to tit My hand so
I usted & plastic spoon and old blue TAPE
Printed 6/4/2019 that WOS IN CELL BLOCK From the Page 1 of 1
pointers Trying the cover up the black moll
Case 1:19-cv-00183-MB Document 1/Filed 06/07/19 Page 14 of 23 6 (15)
MY EX IS WHITE - I hAVE 5 MIXED KIDS OF MY OWN.

Medical Request



For 0305241: DAMON MOBLEY HD216 on 8/14/2018 10:36:48 PM Dates and Times are presented in Eastern Time (US & Canada)

Issue ID: 11971857

Last Status:

Closed by 0305241: DAMON MOBLEY on 8/21/2018 9:59:48 AM

Last Assigned to:

None on 8/15/2018 9:43:59 AM

Accept The Terms

they keep telling me that they are gonna wrap it.. but for some reason, they never do. it hurts like hell without the stint in it. i really need it rewrapped

Submitted by 0305241: DAMON MOBLEY HD216 on 8/14/2018 10:36:48 PM

waiting on the officers to bring you to medical

Responded & Closed by Transform Health on 8/15/2018 9:43:59 AM - And 6 DOUS (8/2)

LATER | WAS STILL UNSERN, AND TOOK MOTTERS!

(NTO MY OWN hords IN AN ATTEMPT TO

MALLE MY DWN SPUNT, BECOUSE THE DOCTOR

ONDERED ME ONE. GOT WASN IT ATTUCK, I WAS

TOLD by HE NUTSE TIND THAT I COULDN'T WALL

It because it was made out of METAL.

Medical Request



For 0305241: DAMON MOBLEY HD216 on 9/6/2018 3:58:29 PM Dates and Times are presented in Eastern Time (US & Canada)

Issue ID: 12248785

Last Status:

Closed by 0305241: DAMON MOBLEY on 9/7/2018 9:45:30 AM

Last Assigned to:

None on 9/6/2018 8:41:09 PM

Accept The Terms

i need to see doc asap

Submitted by 0305241: DAMON MOBLEY HD216 on 9/6/2018 3:58:29 PM

Regarding what?

Medical

garding what?

— I WBS WORING TO TOLK HIM (NTO GIVINY ME dical

Responded & Closed by Transform Health on 9/6/2018 8:41:09 PM (WT SPLINT he or dered.)

- It does not MATTER IT WAS " Droken; OR "Fractured", Smoll, or Big, the FOCI that it happaned to me while in hondcuffs, (N Custody For NO PEDL REASON AT ACL.) and My have is still NOT FULLY HEALED, That is still evidence OF this MILLORNT ON the wall leading out of the Courtroom, the handcuff indention is still present & stands

out on the WALL, But the MENTAL POW

Printed 6/4/2019 And DTSD + Wat Uts

Page 1 of 1

ENCOUNTERED IS EVEN MORE

Case 1:19-ty-00183-MR Dogument 1, Filed 06/07/19 Page 16 of 23

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Yes		:	
No	·	•	
If yes, name the jail, prison, or ot		ty where you were confine	d at the time of th
events giving rise to your claim(s			
HENderson	COUNTY	DEFENTION	CENTEL
Does the jail, prison, or other comprocedure?	rectional facility wher	e your claim(s) arose have	a grievance
Yes			
☐ No			
Do not know			
Annual Transfer of the Control of th			
Does the grievance procedure at t		r correctional facility whe	re your claim(s) a
cover some or all of your claims?	•	•	
Yes			
No		,	
			
Do not Imayy			
Do not know			
	el . Ner		- dealise of the
	the Assl	AUX, MU	1ES/X(
	the ASSE	AUT, Myu	TES/X(
Do not know If yes, which claim(s)? PLOOF OF ANCL SICK CE OUT A OUT T	the ASSE	SCEQUES	IES, XC

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
•	☐ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	ON the KIOSK LOCATED IN the 1911
	I wrote the NUSES & doctors stution TIMES
	2. What did you claim in your grievance?
	· ·
	Attention of the MEANS to FIX MY
	- Myries as the abottor ordered
	3. What was the result, if any? NONE MECHCOLLY, WOS DENIED MESPITAL
	USIT, And the director proscribed solinit had
	ENDING UP MAKING MY OWN SPUNT USING ITEMS I PURCHASED FROM the JAIL COMMISARY
	- FUICINSED HUM THE JAIL COMMISATY
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	they NEUTR did A gnovance process, they just told me that I would see A NVISC When they got time to see me
C	just told me that I'would see A MUISE
	When they got time to spe me
w	that was the Normal Losponse to Eutry in
á	and everytime I wrote them on the Klosk

	F. If you did	not file a grievance:
	1. If the	re are any reasons why you did not file a grievance, state them here:
	BET	LANSE MOST OFFICES GO UNREAD,
	its	BETTER to just FILL out A SKK CALL.
	IT 96	ts read & responded to Sooner the
	2. If you	a did not file a grievance but you did inform officials of your claim, state who you informed.
	when	and how, and their response, if any:
		CERS, NUMSES, C.O'S ETC And its Worl
	DIM	ous the same response " WE'VE INFORM
1	MECL	"Can Stoff, they'll got to you wan the
	G. Please set	get to the CE - of Governing Like forth any additional information that is relevant to the exhaustion of your administrative
	remedies.	and commer if it was actual
	d grituo	
	•	gies of them BU, and In woiting for the
	(Note: Yo	u may attach as exhibits to this complaint any documents related to the exhaustion of your
	administra	ntive remedies.) TO BE GIVEN to we before I send
VIII.	Previous Lawsuits	this OFF. Please thouse no it In any
		ule" bars a prisoner from bringing a civil action or an appeal in federal court without paying
	brought an action o	prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, r appeal in a court of the United States that was dismissed on the grounds that it is frivolous,
		o state a claim upon which relief may be granted, unless the prisoner is under imminent hysical injury." 28 U.S.C. § 1915(g).
	To the best of your	knowledge, have you had a case dismissed based on this "three strikes rule"?
	Yes	
	ਪ੍ਰ∕ ⊒ *10	
	If yes, state which o	court dismissed your case, when this occurred, and attach a copy of the order if possible.
		NA
		€,

your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is one than one lawsuit, describe the additional lawsuits on another page, using the same format.)
Parties to the previous lawsuit
Plaintiff(s)
Defendant(s)
Court (if federal court, name the district; if state court, name the county and State)
Docket or index number
Name of Judge assigned to your case
Approximate date of filing lawsuit
Is the case still pending?
Yes \
No
If no, give the approximate date of disposition.
What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your prisonment? NEVEL - IMS My ISH HIME

7 (1007, 12	10) CC	inplant to Violation of Civil Regins (Filsotier)
		Yes
	a seeded	PNo s.
	1	
D.	If; mo	your answer to C is yes, describe each lawsuif by answering questions 1 through 7 below. (If there is are than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		Yes
		No
		If no, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

B.

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

5/31/10

<u> </u>			
Signature of Plaintiff	· (Brno-	· MOC	LEIN
Printed Name of Plaintiff	DAMON 11	MOBL	セスノ
Prison Identification #	0305241		
Prison Address	375 IST A	VENUE	EAST
	Herdersonville	NC State	2573 Zip Code
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			-
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			

Epilogue-

Hope this is stated only. I then my best to get all the Nomes, Doges, and it times accurate. Anything that was not enclosed is because the officers and joil staff would not, I refused to provide it.

But, I have neconded on my phone the excessive force and cruel & vausual punishment I recieved by officer "Tipton" on 1/30/18 on my way to the Jail.

And the counthouse corrects should have the FOOTAge of the ASSAULT done by African "Tantorsy" on 1/31/18.

BUT, Somehow they've Monaged to get rud OF the Medical Reguests and Attempts to get KIAUS ON my back, So, they might point over the dervis IN the wall cousted by me shoved who it. We need to Act quickly to get this budnet because my aprove AVE Limited.

But, the KAY Report altonly Shows that I sufficiently Shows that I sufficiently Shows that I sufficiently Shows that I sufficiently Shows that